

PUBLIC HEALTH SERVICE

**MATERIAL TRANSFER AGREEMENT**

This Material Transfer Agreement ("MTA") has been adopted for use by the National Institutes of Health, the Food and Drug Administration and the Centers for Disease Control and Prevention, collectively referred to herein as the Public Health Service ("PHS") in all transfers of research material (Research Material) whether PHS is identified below as its Provider or Recipient.

Provider:\_\_\_\_\_

Recipient:\_\_\_\_\_

1. Provider agrees to transfer to Recipient's Investigator named below the following Research Material:

\_\_\_\_\_

2. **THIS RESEARCH MATERIAL MAY NOT BE USED IN HUMAN SUBJECTS.** The Research Material will only be used for research purposes by Recipient's investigator in his/her laboratory, for the research project described below, under suitable containment conditions. This Research Material will not be used for commercial purposes such as screening, production or sale, for which a commercialization license may be required. Recipient agrees to comply with all Federal rules and regulations applicable to the Research Project and the handling of the Research Material.

2(a). Are the Research Materials of human origin?

☐ Yes

☐ No

2(b). If Yes in 2(a), were Research Materials collected according to 45 CFR Part 46, "Protection of Human Subjects"?

☐ Yes (Please provide Assurance Number: \_\_\_\_\_)

☐ No

3. This Research Material will be used by Recipient's investigator solely in connection with the following research project ("Research Project") described with specificity as follows (use an attachment page if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In all oral presentations or written publications concerning the Research Project, Recipient will acknowledge Provider's contribution of this Research Material unless requested otherwise. To the extent permitted by law, Recipient agrees to treat in confidence, for a period of three (3) years from the date of its disclosure, any of Provider's written information about this Research Material that is stamped

"**CONFIDENTIAL**," except for information that was previously known to Recipient or that is or becomes publicly available or which is disclosed to Recipient without a confidentiality obligation. Any oral disclosures from Provider to Recipient shall be identified as being **CONFIDENTIAL** by notice delivered to Recipient within ten (10) days after the date of the oral disclosure. Recipient may publish or otherwise publicly disclose the results of the Research Project, but if Provider has given **CONFIDENTIAL** information to Recipient such public disclosure may be made only after Provider has had thirty (30) days to review the proposed disclosure to determine if it includes any **CONFIDENTIAL** information, except when a shortened time period under court order or the Freedom of Information Act pertains.

5. This Research Material represents a significant investment on the part of Provider and is considered proprietary to Provider. Recipient's investigator therefore agrees to retain control over this Research Material and further agrees not to transfer the Research Material to other people not under her or his direct supervision without advance written approval of Provider. Provider reserves the right to distribute the Research Material to others and to use it for its own purposes. When the Research Project is completed or three (3) years have elapsed, whichever occurs first, the Research Material will be disposed of as directed by Provider.

6. This Research Material is provided as a service to the research community. IT IS BEING SUPPLIED TO RECIPIENT WITH NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. Provider makes no representations that the use of the Research Material will not infringe any patent or proprietary rights of third parties.

7. When Provider is the PHS: Recipient shall retain title to any patent or other intellectual property rights in inventions made by its employees in the course of the Research Project. Recipient agrees not to claim, infer, or imply Governmental endorsement of the Research Project, the institution or personnel conducting the Research Project or any resulting product(s). Unless prohibited by law from doing so, recipient agrees to hold the United States Government harmless and to indemnify the Government for all liabilities, demands, damages, expenses and losses arising out of Recipient's use for any purpose of the Research Material.

8. When Recipient is the PHS: The PHS shall retain title to any patent or other intellectual property rights in inventions made by its employees in the course of the Research Project. The PHS is not authorized to promise rights in advance for inventions developed under this Agreement. Provider acquires no intellectual property rights under this MTA, but may apply for license rights to any patentable invention that might result from this Research Project. It is the intention of PHS that Provider not be liable to PHS for any claims or damages arising from PHS's use of the Research Material; however, no indemnification is provided or intended.

9. The undersigned Provider and Recipient expressly certify and affirm that the contents of any statements made herein are truthful and accurate.

10. This MTA shall be construed in accordance with Federal law as applied by the Federal courts in the District of Columbia.

11. Any additional terms:

---

---

---

**Signature Page for PHS Material Transfer Agreement**

IDENTIFYING INFORMATION AND APPROVAL SIGNATURES

RECIPIENT ORGANIZATION

Recipient Investigator/Scientist:

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Title)

\_\_\_\_\_ (Full Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Telephone number) \_\_\_\_\_ (FAX number)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Recipient Authorization:

(Representative authorized by the Recipient to approve this agreement)

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Title)

\_\_\_\_\_ (Full Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Telephone number) \_\_\_\_\_ (FAX number)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PROVIDER ORGANIZATION

Provider Investigator/Scientist:

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Title)

\_\_\_\_\_ (Full Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Telephone number) \_\_\_\_\_ (FAX number)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Investigator/Scientist's Group Leader:

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Title)

\_\_\_\_\_ (Full Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Telephone number) \_\_\_\_\_ (FAX number)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Authorization:

(Representative authorized by the Provider to approve this agreement)

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Title)

\_\_\_\_\_ (Full Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Telephone number) \_\_\_\_\_ (FAX number)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*End of form\*\*\*\*\*

\*SPECIAL NOTE RE AUTHORIZING SIGNATURES: Use the following information for the appropriate NIEHS Authorizing Signature block, dependent upon whether or not NIEHS is the Provider or the Recipient:

If the Provider is the National Institute of Environmental Health Sciences, use the following information in the above "Provider Authorization" section:

Dr. John S. Penta  
NIEHS Technology Transfer Coordinator  
Office of the Director, MD B2-01, Room B221, South Campus  
P. O. Box 12233  
Research Triangle Park, NC 27709  
TELEPHONE: (919) 541-3696 and FAX: (919) 541-2260

If the Recipient is the National Institute of Environmental Health Sciences, then use Dr. Penta's name and information above in the "Recipient Authorization" section.